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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 9389

|                             |                                       |              |                        |   |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>09/724,940 | FILING DATE<br>11/28/2000<br><br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1647 | ATTORNEY<br>DOCKET NO.<br>15270J-004751US |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

APPLICANTS  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 09/580015  
 This application is a CON of 09/580,105-05/30/2000 PAT 6,399,177  
 which is a CIP of 09/322,289 05/28/1999  
 which is a CIP of 09/201,430 11/30/1998  
 which claims benefit of 60/067,740 12/02/1997  
 and claims benefit of 60/080,970 04/07/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 03/28/2001**

|  |                           |                         |                       |                            |
|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>18 | TOTAL<br>CLAIMS<br>30 | INDEPENDENT<br>CLAIMS<br>2 |
|--|---------------------------|-------------------------|-----------------------|----------------------------|

35 USC 119 (a-d) conditions met  
☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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TITLE  
 ACTIVE IMMUNIZATION FOR TREATMENT OF  
 Prevention and treatment of amyloidogenic disease ALZHEIMERS DISEASE

|                  |   |  |
|------------------|---|--|
| FILING FEE       | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees                              |
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|                  |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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